

New Jersey Department of Education
Office of Early Childhood Education

Master Teacher Log

Master Teacher Name & District - _____

SCHOOL/ TEACHER:

PLANNING CONFERENCE (IDENTIFY PURPOSE FOR VISIT):

Date:

Time:

CLASSROOM VISIT (STRENGTHS AND IMPROVEMENT AREAS):

Date:

Time:

POST-VISIT CONFERENCE (DISCUSS VISIT & NEXT STEPS- repeat cycle):

Date:

Time:

OTHER SUPPORT

Date:

Time:

Methods – Teacher Observation, Demonstration or Collaborative Lesson, Educational Discussion, Other
Areas of Focus (specify components) - Curriculum, ELAS, ECERS-R, PCMI, SELA, PQA, ELL, PBS, Inclusion, Other
Other Support - Workshops, Meetings, Lesson Planning, Study/Discussion Groups, Other